



## DEPARTMENT OF EDUCATION

P.O. Box 30008  
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MEMORANDUM

**To:** Local and Intermediate School District Superintendents

**From:** Anne L. Hansen, Director  
School Program Services

**Subject:** Medications in School

The purpose of this memo is to give schools some suggestions regarding policies and procedures for the safe administration of medications in school. We hope that these suggestions will provide assistance to schools in developing their own district and school medication administration policies.

These suggested policies and procedures were developed by a workgroup convened by staff in the Department of Education. There was representation from educational organizations, as well as input from the medical community, the legal community, and other state agencies on the workgroup. The workgroup membership list is attached.

The Department, in interpreting Section 380.1178 of the School Code, defines "administration" as maintaining and providing medication to students in the school setting. This definition differs from the definition of "administration" found in Section 333.7101 of the Public Health Code.

It was the workgroup's suggestion that the following principles be considered by districts/schools in developing a policy to govern the above task:

- A written policy should exist to set parameters for when a district/school will provide for the administration of medication, both prescription and non-prescription, to students, and for self-administration of medications by students in the school setting.
- Students with disabilities who have an Individualized Educational Program (IEP) or Section 504 Plan should be included under the policy and procedures which govern administration of medications.

Note: The policy and procedures should not violate either the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act.

- The policy should be developed by a broad-based committee with representation from physicians, parents, school board of education members, school administrators, teachers, school nurses, school secretaries and aides. The policy may also include other health care providers from the community and/or local health department.
- The policy should include a definition of medications which includes both prescription and non-prescription, and which are administered orally (by mouth), by inhaler, or are injectable (epi-pens), in drop form, or applied to the skin.
- The policy should include inservice training for all staff who will be administering medications.
- A means of communicating the medications policy and procedures to parents and to physicians or other authorized prescribers should also be established.

cc: building principals

## **I. Suggested Procedures for Administration of Medication in Schools**

**Definition:** Medication includes both prescription and non-prescription medications and includes those taken by mouth, taken by inhaler, which are injectable (epi-pen), applied as drops to eye or nose, or applied to the skin.

### **Procedures**

- \*1. The student's parent/guardian must provide the school with written permission and request to administer medication.
- \*2. Written instructions which include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration must accompany the medication. See attached model form.
- \*3. Medication must be administered by one adult in the presence of a second adult, with both individuals being designated by the school administrator.
- \*4. Medication must be administered in the presence of a second adult except in an emergency that threatens the life of the student.
- 5. Any staff person designated to administer medication should receive inservice training on all district policies and procedures related to this responsibility. Documentation of individual completion of this training should be maintained and be available upon request by parent/guardian, physician, or school official.
- \*\*6. Medication should be brought to school by the parent/guardian unless other safe arrangements are necessary and possible (e.g., distance of child's home to school).

Where a district has, or believes it might have, reason to verify amounts of medication brought to school, e.g. Ritalin or other controlled substances, the amount of drug received should be immediately counted and the count recorded by designated school staff. The amount of drug should be recounted on a regular (monthly, bi-weekly) basis and this count reconciled with prior count and medication administration log/record.

- 7. All medication should be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company and labeled with dosage and frequency of administration.
- 8. Medication should be stored in a location that is kept locked with limited access except at time of administration.
- 9. A log of medication administration, by individual, should be kept. The log should contain the name of the student, the name of the medication, the dosage to be given, and the time to be given. The person giving the medication should record the date and time of the administration of the medication and sign their name. The witness (second adult in attendance) should initial the log. If an error is made in recording, the person who administered should line out, initial the error, and make the correction in the log. The individual student log should be kept until one year after the student's graduation from high school. Model daily log form attached.

10. If an error is made in administering medication, such error should be reported immediately to the building administrator. The building administrator or designee should report the medication error to the parent/guardian and suggest consultation with the physician/pharmacist/school nurse. A report of the error should be made and filed.
11. If any adverse reaction to medication occurs, the parent/guardian should be notified, and if necessary, 911 should be called.
12. No dosage or time of administration changes should be instituted except by written instruction from the physician after the initial request.
13. Parental or guardian request/permission and physician's instructions should be renewed annually, or more often, if necessary.
14. Prescription and medication supply renewal should be the responsibility of the parent/guardian.
15. Medication left over at the end of the school year should be picked up by the parent/guardian or the school will appropriately dispose of the medication, and record this disposal on the medication log. Disposal should be witnessed by a second adult.

### **Optional Procedures**

1. The school may set a designated time for administration of medication. The parent/guardian should be informed of this designated time and communicate this to the family physician when he/she writes instructions for administration of the medication. If an exception to the school designated administration time is needed, the physician is requested to send a written explanation along with medication administration instructions to the school.
2. Expiration dates should be checked periodically, especially on epi-pens and inhalers.
3. The school should request that pharmacy supply prescription oral medication in exact dosage prescribed so that dividing pills is not the responsibility of the school personnel.

## **II. Suggested Procedures for Student Self-Administration/Self-Possession**

**Definition:** Self-administration means that the student is able to consume or apply prescription and non-prescription medication in the manner directed by the physician without additional assistance or direction. Self-possession means that under the direction of the physician, the student may carry medication on his/her person to allow for immediate and self-determined administration.

- \*1. The student's parent/guardian must provide written permission and request to the school to allow student to self-possess and self-administer medication .
- \*2. Written instructions which include name of student, name of medication, dosage, time to be administered, route of administration, and duration of administration, and the physician/provider instruction that the student may self-possess and/or self-administer must be provided to the school.

3. The parental or guardian request/permission and physician's instructions should be renewed annually, or more often, if necessary.
4. All medication should be kept in a labeled container as prepared by a pharmacy or pharmaceutical company and labeled with dosage and frequency of administration. This language also pertains to refills.
5. The building administrator may discontinue the student self-administration privilege upon advance notification to the parent/guardian. If a student is under an Individualized Educational Program (IEP) or Section 504 Plan, the action must be taken in accordance with Individuals with Disabilities Education Act (IDEA) or Section 504 or the Rehabilitation Act requirements.

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\* Required by Section 380.1178 of the Michigan School Code

Within the School Code, Section 380.1178 Administration of medication to pupil; liability states:

Sec. 380.1178. "A school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil's parents or guardian, and in compliance with the instructions of a physician is not liable in a criminal action or for civil damages, as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct."

\*\* Recommended when medication is a Schedule II controlled substance (i.e., Ritalin)

If you have questions, please contact Pat Nichols, Michigan Department of Education, Comprehensive Programs in Health and Early Childhood, telephone (517) 373-7247.

**Permission Form for Prescribed Medication**

School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sample**

Date form received by the school: \_\_\_\_\_

Student: \_\_\_\_\_

Date of Birth, or age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/Classroom: \_\_\_\_\_

**To be completed by the physicians or authorized prescriber**

Name of medication: \_\_\_\_\_

Reason for medication: (OPTIONAL) \_\_\_\_\_

Form of medication/treatment:

☐ Tablet/capsule    ☐ Liquid    ☐ Inhaler    ☐ Injection    ☐ Nebulizer    ☐ Other \_\_\_\_\_

Instructions (Schedule and dose to be given at school): \_\_\_\_\_

Start: ☐ date form received

Other dates: \_\_\_\_\_

Stop: ☐ end of school year

Other date/duration: \_\_\_\_\_

☐ For episodic/emergency events only

Restrictions and/or important side effects: ☐ None anticipated

☐ Yes, Please describe: \_\_\_\_\_

Special storage requirements: ☐ None    ☐ Refrigerate

Other: \_\_\_\_\_

This student is both capable and responsible for self-administering this medication:

☐ No    ☐ Yes-Supervised    ☐ Yes-Unsupervised

This student may carry this medication: ☐ No    ☐ Yes

Please indicate if you have provided additional information:

☐ On the back side of this form    ☐ As an attachment

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**To be completed by parent/guardian**

I request that (name of child) \_\_\_\_\_ receive the above medication at school according to standard school policy.

I request that (name of child) \_\_\_\_\_ be allowed to self-administer the above medication at school according to the school policy.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Sample

## MEDICATION ADMINISTRATION DAILY LOG (To be completed for each medication) School Year \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade/Home Room (or) Teacher(s) \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Name and Dosage of Medication \_\_\_\_\_ Route(s) \_\_\_\_\_ Given in School \_\_\_\_\_

Directions: Initial with time of administration; a complete signature and initials of each person administering medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

### INITIAL

(of person administering medication)

SIGNATURE SIGNATURE

CODES

(A) Absent (O) No Show

(E) Early Dismissal (W) Dosage Withheld

(F) Field Trip (X) No School (i.e. Holiday, weekend, snow days, etc.)

(N) No Medication Available

Use reverse side for reporting significant information (e.g. Observation of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows".)

MDPH - Sample

10/96

## MEDICATIONS IN SCHOOLS WORKGROUP

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